

CAP-MR/DD Service Definition

Title: Respite Services

Service Definition:

Respite Care is a service that provides periodic relief for the family or primary caregiver as detailed in the Person Centered Plan. In order to be considered the primary care giver, a person must be principally responsible for the care and supervision of the participant, and must maintain their primary residence at the same address as the covered participant. This service may be provided in the participant's home or in an out-of-home setting. There must be clear justification outlined within the Person Centered Plan for Respite Care Services. Specified training requirements for direct care staff must be clearly documented within the Person Centered Plan for the task that will be performed for Respite Care services

Enhanced Level of Respite is for participants who have behavioral or medical needs that require staff that are specifically trained to conduct personal care tasks or behavioral procedures. A participant receiving enhanced personal care has needs that require:

- Additional skill level of staff
- Additional training so that a higher level of decision can be made
- Additional supervision

Nursing Level of Respite is for participant's who have medical needs that require nursing staff to conduct personal care services.

Respite Care- Institutional is respite provided in an ICF-MR bed in a State regional MR facility. This type of respite is generally used when community-based services are not available to care for the person.

There must be clear justification outlined within the Person Centered Plan for the level of Respite Service needed. Specified training requirements for direct care staff and supervision requirements must be clearly documented in the Person Centered Plan.

Service Limitation:

- Private home respite services serving participants outside their private homes are subject to licensure under G. S. 122C Article 2 when: more than two individuals are served concurrently, or either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month;
- Respite may not be used as a scheduled daily service;
- Respite may not be used for participants who are living alone or with a roommate;
- Staff sleep time is not reimbursable;
- Respite services are only provided for the participant; other family members, such as siblings of the participant may not receive care or supervision from the provider while Respite care is being provided/billed for the participant;

- Respite is not provided by any person who resides in the participant's primary residence;
- The cost of 24 hours of respite care in the community cannot exceed the per diem rate for the cost of Institutional Respite Services per day.
- Federal financial participation will not be claimed for the cost of room and board except when provided, as part of respite care furnished in a facility approved by the State that is not a private residence.
- Respite will be provided in the following locations:
 - participant's home or place of residence
 - foster home
 - licensed respite facility
 - other community care residential facility approved by the state that is not a private residence including;
 - alternative family living arrangement
 - certified respite provider's home

This service may not be provided at the same time of day that a participant receives: Personal Care, Adult Day Health, Day Supports, Home and Community Supports, Specialized Consultative Therapy, Supported Employment, Residential Supports, or Transportation OR one of the regular Medicaid services that works directly with the participant, such as PCS, Home Health Services, MH/DD/SAS Community Services, or individual therapies.

The maximum use of respite for participant's residing in AFL's will be 576 hours/year.

Institutional Respite: Other CAP-MR/DD services may not be billed on the day of admission to the institutional respite facility but may be billed on the day of discharge. There must be clear justification outlined within the Person Centered Plan that there are no community based services available to provide the needed care for the participant

Staff Qualifications:

- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200
- Staff must have a high school diploma or GED. Staff who do not have a GED or a High School Diploma but were providing CAP-MR/DD respite care services prior to the implementation of this waiver will have a transition period of 18 months to meet the minimum education requirement. 18 months after the implementation of this waiver all staff who provide respite care services will meet the minimum education requirement of a GED or High School Diploma.
- Staff must meet client specific competencies as identified by the participant's person-centered planning team and documented in the Person Centered Plan.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision

requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.

- Must have a criminal record check
- A healthcare registry check is required as required in accordance with 10A NCAC 27G.0200
- If providing transportation, have a North Carolina or other valid driver's license and a safe driving record and has an acceptable level of automobile liability insurance.

An RN or LPN must provide Nursing Respite.

Institutional Respite: Staff qualifications are as specified by the developmental center.

Documentation:

Respite Services are documented by a service note. The service note shall include, but is not limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.

Provider Qualifications:

Respite Services must be delivered by practitioners employed by, or under contract with mental health, developmental disabilities or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- Fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The

organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.

Institutional Respite will be provided by the NC Developmental Centers as approved by the LME.